

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James W. Chance* County *Q. A.*  
Died at *Chester* Maryland  
Date of death *1909 Nov 24* Age *60*  
Sex *Male* Color or Race *white* Birth-place *Q. A. County*  
Occupation *Laborer* Where Residing if not at place of death *" "*  
Married, ~~Single~~ *Married* Name of Wife *Mary Chance*  
Father's Name *Unknown* Father's Birthplace *Calvert Co.*  
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*  
Name of person giving Information *J. A. Ruth* How related to deceased *none*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Valvular Disease of Heart* How long *79* *3 years*  
Immediate *Dropsy* How long *3 years*

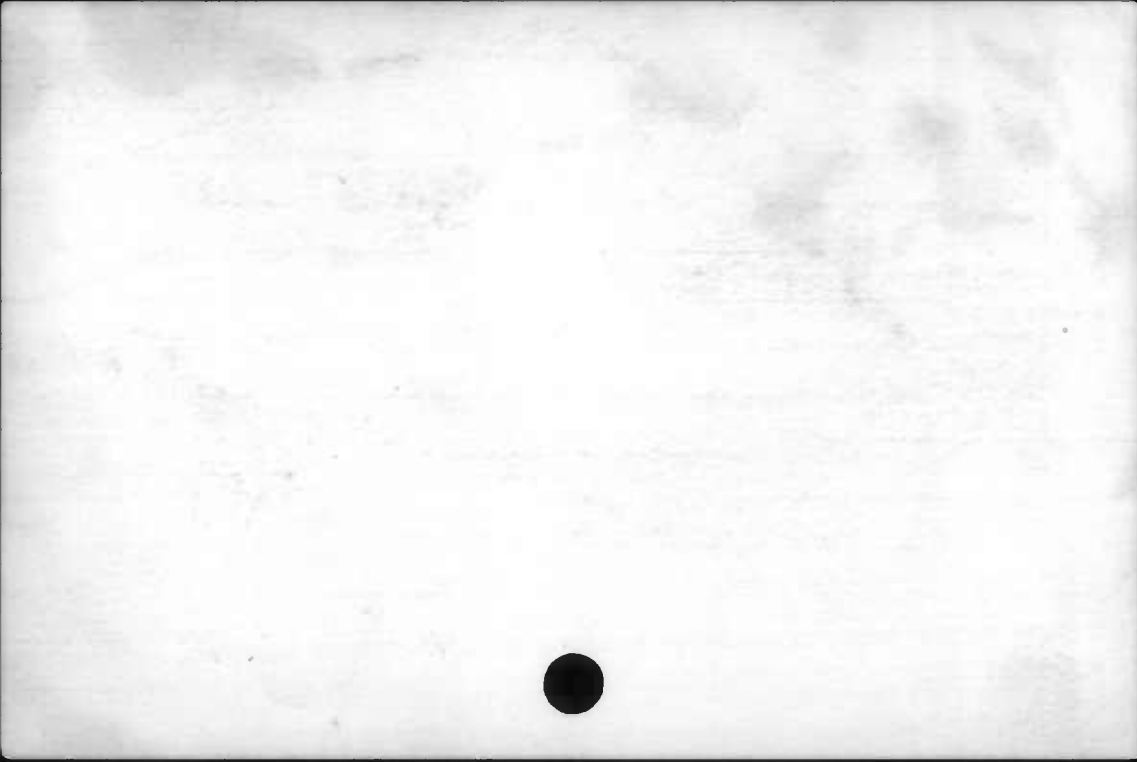
Are the name, age, sex, color, data and place correctly given above?

*yes*

Signature of Physician

Address

*Clara Kemp*  
*Stevensville**Md.*~~Accident or Suicide~~



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Centerville		County Queen Anne		MARYLAND	
Date of death		1909	Month 11	Day 26	Age 32	Years 8	Months 13
Sex male		Color or Race Wht. American		Birth- place Centerville Md			
Occupation Stock Dealer		Where Residing if not at place of death Centerville Md					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Joseph Freeman		Father's Birthplace Phila. Pa					
Mother's Maiden Name Mary E. Harper		Mother's Birthplace Hillsboro, Md					
Name of person giving Information Joseph Freeman		How related to deceased Father					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Acute Lobar Pneumonia	How long	5 days
Immediate	Cardiac Paralysis	How long	1 minute
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Address Centerville Md	
Accident or Suicide		no	



Name  
in  
Full

Mary Elizabeth Handy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Ruthsburg</i>		<sup>County</sup> <i>Queen Anne's</i>		MARYLAND	
Date of death	<sup>Month</sup> <i>Nov</i>	<sup>Day</sup> <i>2nd</i>	<sup>Years</sup> <i>38</i>	<sup>Months</sup>	<sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Baltimore, Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alexandra Handy</i>				
Father's Name <i>Last name was Waters. First name not known</i>	Father's Birthplace <i>Savannah Geo.</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Savannah Geo.</i>				
Name of person giving Information <i>Alexandra Handy</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

62

PHYSICIAN  
OR CORONER

Primary <i>Locomotor Ataxia</i>	How long <i>Eight months &amp; 26 Days.</i>
Immediate <i>Epileptic Convulsions</i>	How long <i>Four days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signatures of Physician <i>Walter H. Fenby</i>
	Address <i>Centreville, R.R. No 4, Md.</i>
Accident or Suicide	



Name  
in  
Full

Charles E. Hollis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

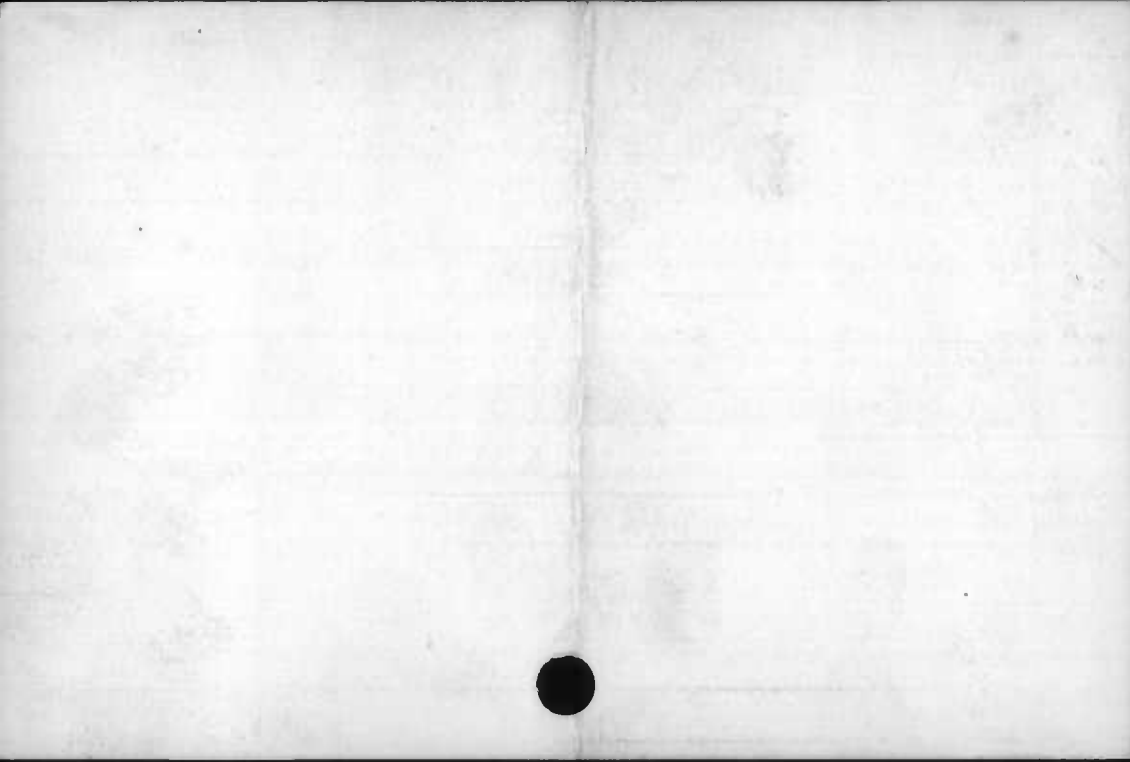
Died at <i>near Barclay</i>		Town <i>Frederick</i>		County <i>Anne</i>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>11</i>	Day	<i>2</i>	Age	<i>4</i>
Sex	<i>Male</i>		Color or Race	<i>col.</i>		Birth-place	<i>ind</i>
Occupation	<i>None</i>			Where Residing if not at place of death		<i>ind</i>	
Married, Single or Widowed <input checked="" type="checkbox"/>			Name of Wife or Husband				
Father's Name			<i>James Hollis</i>			Father's Birthplace	
Mother's Maiden Name			<i>Belle Gibbs</i>			Mother's Birthplace	
Name of person giving information			<i>Chas Hollis</i>			How related to deceased	
						<i>Teacher</i>	

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Unknown did not see child</i>	How long	<i>6 hours</i>
Immediate	<i>unknown</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Frederick L. Suck</i>	
		Address	
		<i>Sunderville</i>	
Accident or Suicide?			
<i>Don't know</i>		<i>ind</i>	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William Edward Tynson  
Town County

Died at Storkys Corner Queen Anne

MARYLAND

Date of death 1909 Nov 6 Age — Months 21 Days

Sex Male Color or Race Black Birth place D. A. G. Ind

Occupation — Where Residing if not at place of death at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name William Henry Tynson Father's Birthplace D. A. G. Ind

Mother's Maiden Name Rachel Ella Richard Mother's Birthplace D. A. G. Ind

Name of person giving Information William Henry Tynson How related to deceased Father

CAUSES OF DEATH

Primary Marasmus How long 3 weeks  
Immediate Spasm How long 15 min.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. G. Coffey  
Address Church Hill Ind

Accident or Suicide

Chiche County

Name  
in  
Full

Rosetta Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Centreville</i> <small>Town</small>		<i>Queen Anne's</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Year</small>	<i>Nov</i> <small>Month</small>	<i>8</i> <small>Day</small>	<i>8</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>colored</i>	Birthplace	<i>Centreville</i>
Occupation	<i>none</i>	Where Residing if not at place of death <i>Centreville</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Barth Jackson</i>			Father's Birthplace	<i>Centreville</i>
Mother's Maiden Name	<i>Alice Hawkins</i>			Mother's Birthplace	<i>Baltimore</i>
Name of person giving information	<i>Alice Jackson</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pharyngeal cancer</i>	How long	<i>2 or 3 weeks</i>
Immediate	<i>Cerebral meningitis</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm. S. Saunders</i>
		Address	<i>Centreville</i>
Accident or Suicide?	<i>no</i>		<i>MD</i>



Name  
in  
Full

Infant - Child of Richard & Julia Kilson

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Centerville <sup>County</sup> Md Queen Anne <sup>MARYLAND</sup>

Date of death 1909 <sup>Month</sup> 11 <sup>Day</sup> 8 <sup>Age</sup> Still <sup>Years</sup> <sup>Months</sup> <sup>Days</sup> born

Sex Girl <sup>Color or Race</sup> negro <sup>Birth-place</sup> Centerville

Occupation \_\_\_\_\_ <sup>Where Residing if not at place of death</sup> \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ <sup>Name of Wife or Husband</sup> \_\_\_\_\_

Father's Name Richard Kilson

Father's Birthplace Centerville Md

Mother's Maiden Name Julia Anna Smith

Mother's Birthplace " "

Name of person giving Information Eliza Jane Smith

How related to deceased Grand mother

CAUSES OF DEATH

Primary Still born

How long  ✓

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Laura B. Beeding  
Address Centerville Md

Accident or Suicide no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

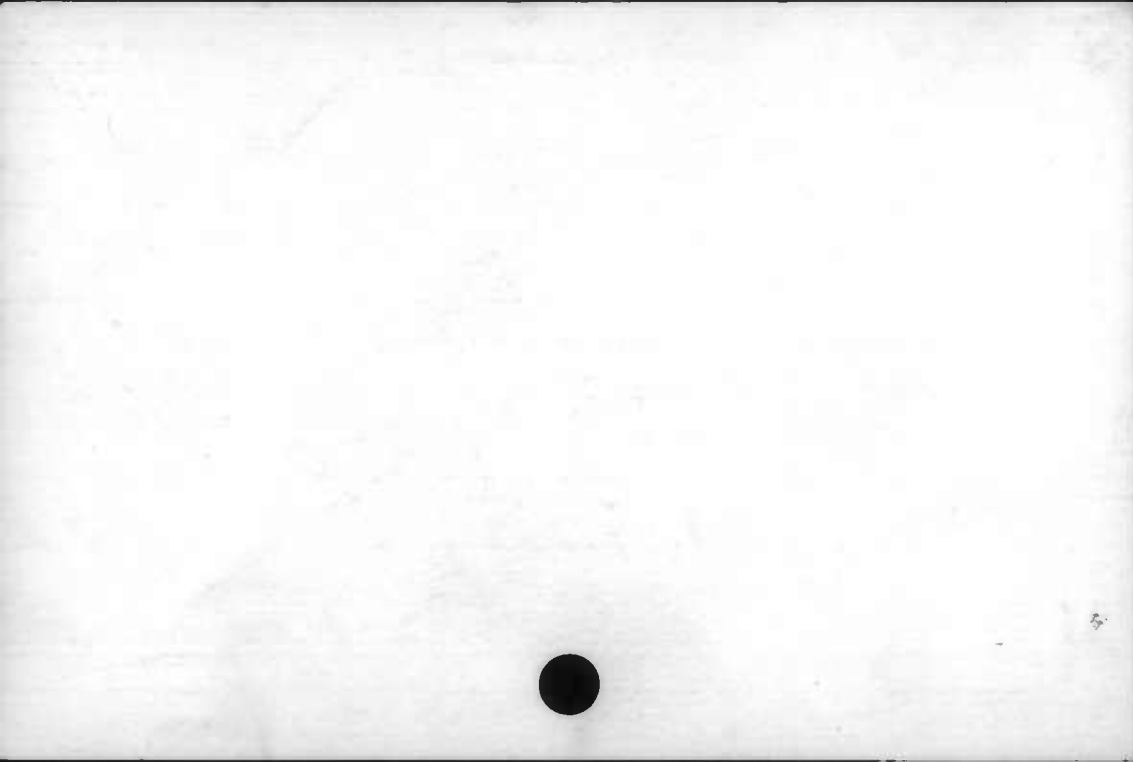
Died at *Stevensville* *Q. 9* CountyDate of death 1909 *Mar* Month *8* Day Age *19* Years Months DaysSex *Female* Color or Race *Color* Birthplace *Balto*Occupation *house laborer* Where Residing if not at place of death *Kent D.*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *John Mason* Father's Birthplace *Virginia*Mother's Maiden Name *Perrine Dorman* Mother's Birthplace *Kent Island*Name of person giving Information *Perry Stansbury* How related to deceased *Uncle*

## CAUSES OF DEATH

27

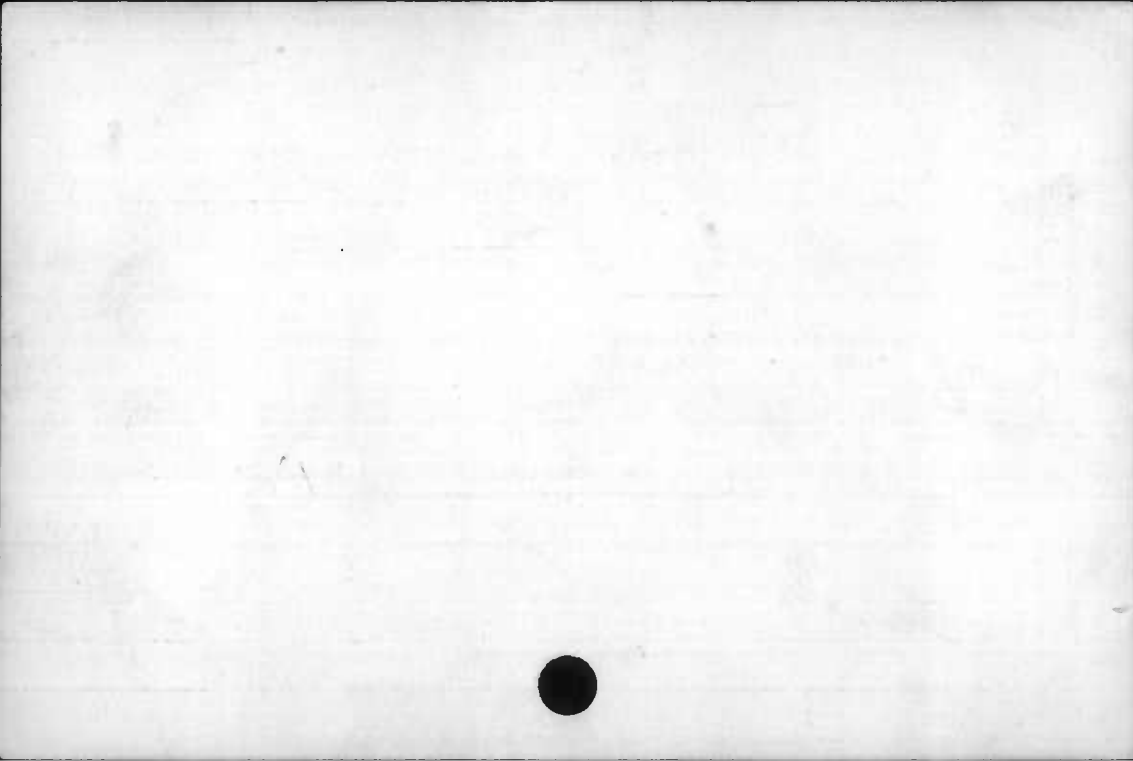
Primary *Pulmonary Tuberculosis* How long *1 Yr*Immediate *Exhaustion* How longAre the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Percy Kemp*Address *Stevensville Md.*

Accident or Suicide





Name in Full		Nellie Nickerson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
		Name of person giving information		How related to deceased				
<div>CAUSES OF DEATH</div> <div> <div>Primary</div> <div>Congenital debility</div> <div>How long</div> <div>Since birth.</div> </div> <div> <div>Immediate</div> <div>Dysentery</div> <div>How long</div> <div>One week.</div> </div>								



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

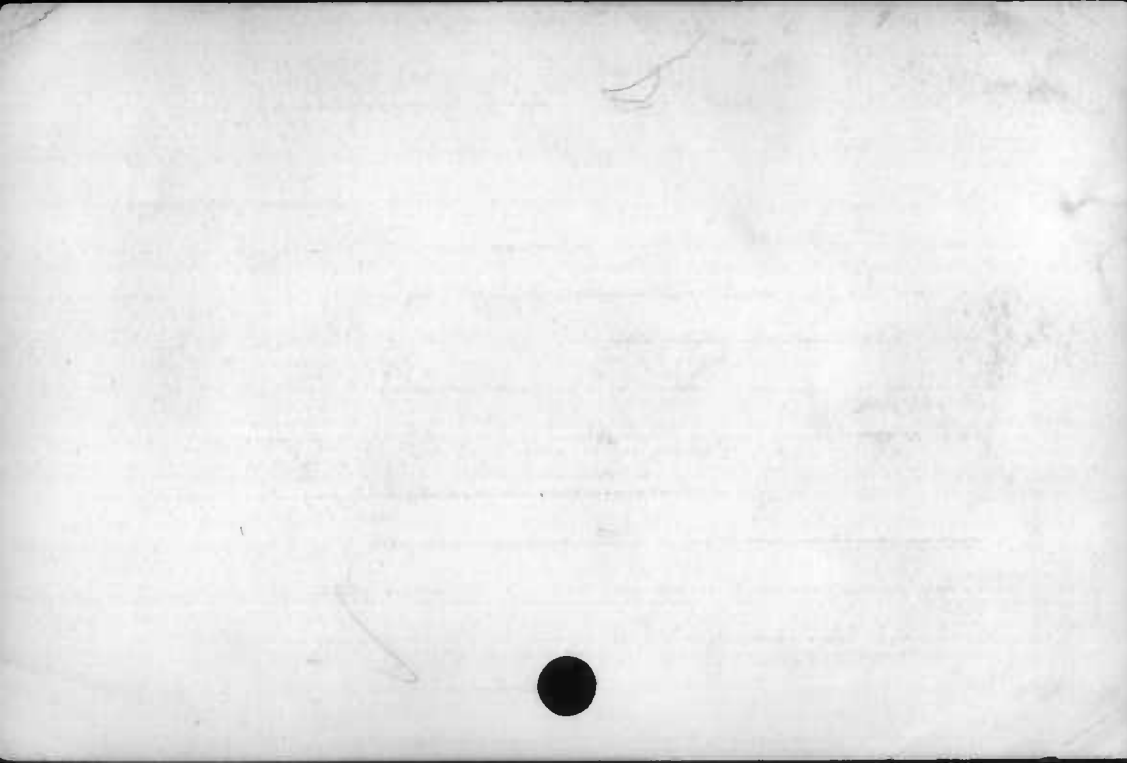
Name in Full <i>John H. Shaw</i>		Town <i>Centerville</i>		County <i>Queen Anne's</i>		MARYLAND	
Died at <i>Centerville</i>		Date of death <i>1909</i>		Month <i>Nov</i>		Day <i>28</i>	
Age <i>5</i>		Years <i>5</i>		Months <i>6</i>		Days <i>13</i>	
Sex <i>male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Middletown Del</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Centerville Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Milton W. Shaw</i>		Father's Birthplace <i>Talbot Co.</i>					
Mother's Maiden Name <i>Willie E. Wright</i>		Mother's Birthplace <i>Del.</i>					
Name of person giving information <i>Willie E. Shaw</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary <i>Scarlet fever</i>		How long <i>6 to 12 mos</i>	
Immediate <i>Scarlet fever Coma</i>		How long <i>36 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Montgomery</i>	
		Address <i>Centerville Md</i>	
Accident or Suicide? <i>no</i>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Infant Child of Raymond Smith & Nora Smith*

Town *Bentonsville* County *Lawrence* State *Arkansas*

Died at *Bentonsville*

Date of death 190 *9* Month *11* Day *22* Age *half hour* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Bentonsville*

Occupation \_\_\_\_\_ Where Residing if not at place of death *Bentonsville*

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Raymond Smith* Father's Birthplace *Bentonsville*

Mother's Maiden Name *Nora Hollis* Mother's Birthplace *Bentonsville*

Name of person giving Information *Father* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *premature birth* How long *151*

Immediate *premature birth* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Lance E. Beading* Address *Bentonsville Ark*

Accident or Suicide \_\_\_\_\_



Name  
in  
Full

Emma Stuart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Mar. Christtown County Queen Anne's  
 Died at Mar. Christtown Queen Anne's MARYLAND  
 Date of death 1909 Nov. 22 Age 35 Months — Days —  
 Sex Female Color or Race White Birth-place Queen A. Co. Md.  
 Occupation Housewife Where Residing if not at place of death lived at home  
 Married, ~~Single~~ Widowed Name of Wife or Husband Mrs. Jonathan Stuart  
 Father's Name Mrs. Chain Father's Birthplace 2, A. Co.  
 Mother's Maiden Name Sarah Elizabeth Corden Mother's Birthplace " " "  
 Name of person giving Information Mrs. Chain How related to deceased Bro.

## CAUSES OF DEATH

Primary Exhaustion from over-work How long Three months.  
 Immediate Typhoid Fever - Hyperpyrexia - Cardiac Failure How long One week.  
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Harry L. Toole  
 Address Christtown, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

Chas L. Dodge.

Chester County



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mr. Jonathan Stuart</i>		Town <i>near Chestertown</i>		County <i>Anne Arundel</i>		MARYLAND	
Died <i>near Chestertown</i>		Month <i>Nov.</i>		Day <i>12</i>		Years <i>36</i>	
Date of death <i>1909</i>		Age <i>36</i>		Months <i></i>		Days <i></i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Caroline Co., Md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Lived at his home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emma Stuart</i>					
Father's Name <i>Jonathan Stuart</i>		Father's Birthplace <i>Del.</i>					
Mother's Maiden Name <i>Angela Griffith</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving Information <i>Jonathan Stuart</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

Primary <i>Typhoid Fever</i>	How long <i>10 days</i>
Immediate <i>Intestinal Hemorrhage</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry L. Doss</i>
	Address <i>Chestertown, Md.</i>
Accident or Suicide <i></i>	

PHYSICIAN  
OR CORONER

Chas L. Dodge  
Centerville.

Accounting.

2 H. Co.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>George Spencer Teat</i>		Town <i>Baird</i>		County <i>Queen Anne's</i>		MARYLAND	
Died at <i>Baird</i>							
Date of death <i>1909</i>	Month <i>11</i>	Day <i>27</i>	Age <i>14</i>	Months <i>5</i>	Days <i>10</i>		
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>ind</i>				
Occupation <i>Farm hand</i>	Where Residing if not at place of death <i>at place of death.</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Jarvis Teat</i>	Father's Birthplace <i>ind.</i>						
Mother's Maiden Name <i>Lucilla Meridith</i>	Mother's Birthplace <i>ind.</i>						
Name of person giving information <i>Lucilla Meridith.</i>	How related to deceased <i>Mother</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>four weeks</i>
Immediate <i>Intestinal hemorrhage perforation</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. W. Bowck M.D.</i>
	Address <i>Lytle</i>
Accident or Suicide? <i>Yes</i>	<i>ind.</i>



Name  
in  
Full

Mary Eliza Teat

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

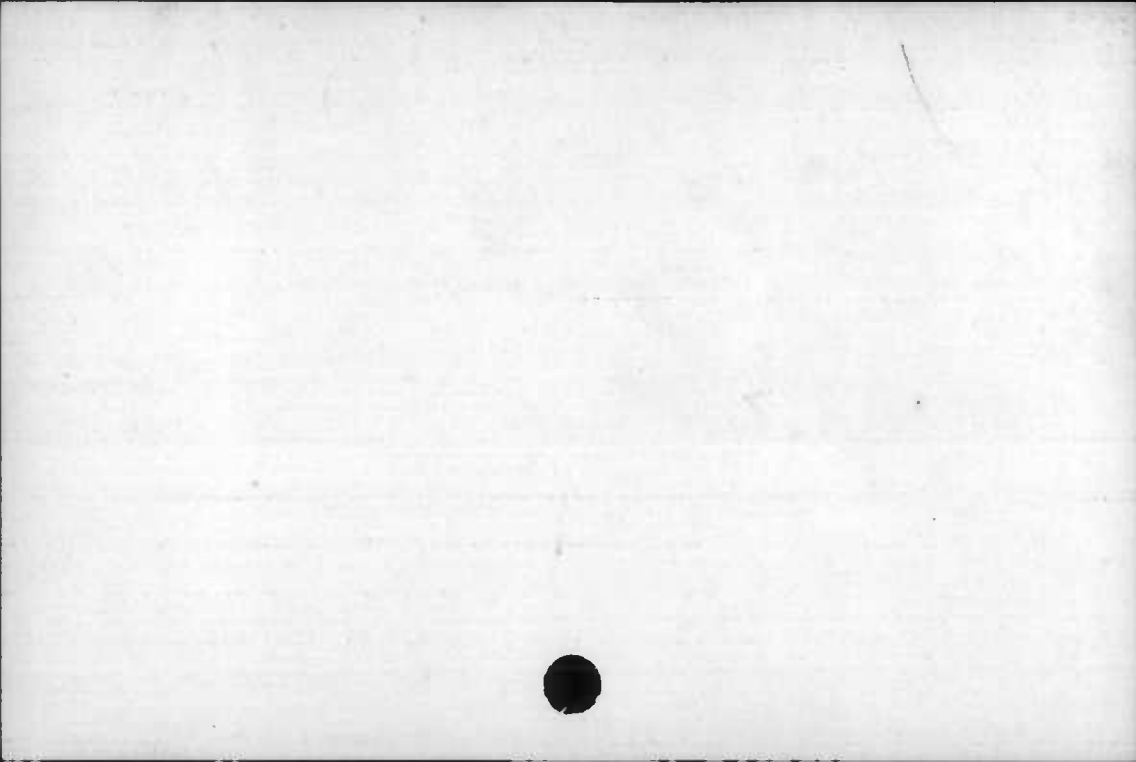
Died at		Town Willoughby		County Linn		MARYLAND	
Date of death		1909	Month 11	Day 2nd	Age 5-9	Months 1	Days 1
Sex Female		Color or Race Colored		Birth- place Ind			
Occupation wife				Where Residing if not at place of death Willoughby			
Married, Single or Widowed		Name of Wife or Husband William Teat					
Father's Name James Blake				Father's Birthplace Ind			
Mother's Maiden Name Maria Carter				Mother's Birthplace Ind			
Name of person giving In formation John Broadway				How related to deceased None			

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Hemiplegia		How long	30 days
Immediate	Convulsions - uramic		How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician J. O. Stack U.S.	
			Address Wye Mills Ind.	
Accident or Suicide?				



Name  
in  
Fullunnamed <sup>Town</sup> *Chile* of *Noah Watkins* <sup>County</sup>

## CERTIFICATE OF DEATH

Died at

*Winchester**Queenannes*

MARYLAND

Date

of death *1909*

Month

*14*

Day

*7*

Years

Age

Months

Days

Sex

*Female*Color or  
Race*Colored*Birth-  
place*24 County*

Occupation

*non*Where Residing if not  
at place of death~~Married~~, Single  
~~or Widowed~~Name of Wife or  
Husband*non*Father's  
Name*Noah Watkins*Father's  
Birthplace*24 County*Mother's  
Maiden Name*Lindy Butler*Mother's  
Birthplace*24 County*Name of person giving  
In formation*Rachel Cooper*How related  
to deceased*non*

## CAUSES OF DEATH

Primary

How long

Immediate

*natural causes*

How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Chas O Coursey, Coroner**Fords Store*

Accident or Suicide?

*Queenans Co Md*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

2/2

100

1





Name  
in  
Full

John Watson

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Winchester<sup>County</sup> Queenannes

MARYLAND

Date of death 1909 <sup>Month</sup> 11 <sup>Day</sup> 25<sup>Years</sup> Age do not know <sup>Months</sup> <sup>Days</sup>

Sex male

Color or Race collard

Birth-place do not know

Occupation Warlerman

Where Residing if not at place of death Baltimore

Married, Single or Widowed do not know

Name of Wife or Husband do not know

Father's Name do not know

Father's Birthplace do not know

Mother's Maiden Name do

Mother's Birthplace do

Name of person giving information James H Morris

How related to deceased none

## CAUSES OF DEATH

172

Primary

How long

Immediate Drowning

How long

Are the name, age, sex, color, date and place correctly given above? yes

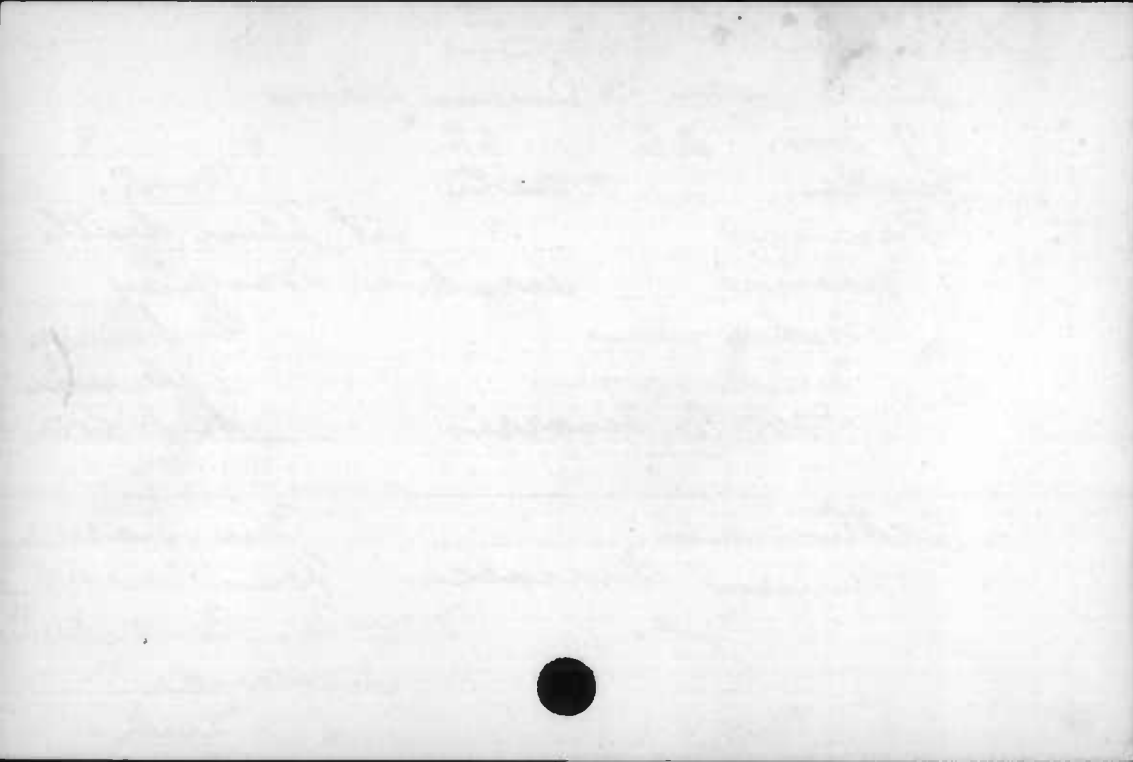
Signature of Physician Chas O Coursey, coroner

Address Fords Stare

Accident or Suicide? accident

Queenannes Co Md

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

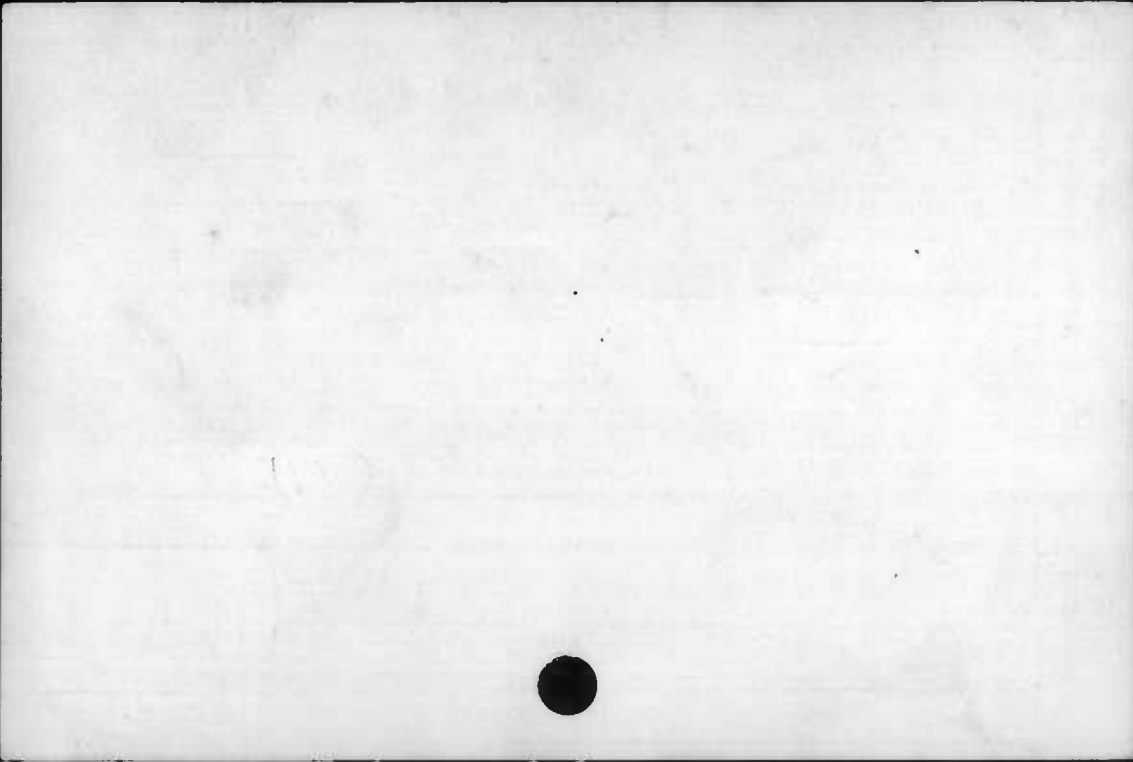
Name in Full <i>William B. Wiggins</i>		Town <i>Ingleside</i>		County <i>Queen Anne's</i>		State <i>MARYLAND</i>	
Died at <i>Ingleside</i>		Month <i>Nov.</i>		Day <i>26</i>		Years <i>66</i>	
Date of death <i>1909</i>		Months <i>6</i>		Days <i>3</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at place death.</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Sarah C. Wiggins</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>W. C. Morris</i>		How related to deceased <i>step-son</i>					

## CAUSES OF DEATH

(97)

PHYSICIAN  
OR CORONER

Primary <i>Asthma</i>	How long <i>Five Years.</i>
Immediate <i>General Anasarca</i>	How long <i>Four Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wm. W. Bowen M.D.</i>
	Address <i>Ingleside</i>
Accident or Suicide? <i>No.</i>	<i>Ind.</i>



Name  
in  
Full

Noah Ellsworth Williams

CERTIFICATE OF DEATH

Died at Winchester

Town

Queen Anne's

County

MARYLAND

Date

of death

1909

Month

11

Day

25

Age

Years

23

Months

Days

1

Sex

male

Color or  
Race

Caldard

Birth-  
place2<sup>d</sup> Co. Ma

Occupation

Farm Hand

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
Husband

Carrie Williams

Father's  
Name

Noah Williams

Father's  
Birthplace2<sup>d</sup> Co. MaMother's  
Maiden Name

Mary Brown

Mother's  
Birthplace2<sup>d</sup> Co. MaName of person giving  
in formation

John C. Williams

How related  
to deceased

Brother

## CAUSES OF DEATH

172

How long

Primary

Immediate

Drowning

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Chas. O'Coursey, coroner

Address

Fords Store

Accident or Suicide?

Accident

Queen Anne's Co. Ma

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

